

Enw'r Pwyllgor / Name of Committee	Health and Safety Assurance Committee (HSAC)
Cadeirydd y Pwyllgor/ Chair of Committee:	Mrs Judith Hardisty, UHB Vice-Chair
Cyfnod Adrodd/ Reporting Period:	Meeting held on 10 th May 2021
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<ul style="list-style-type: none"> <p>HSAC Self-Assessment 2020/21 – Review of Questions: the Health and Safety Assurance Committee's (HSAC) Self-Assessment questionnaire for the period 2020/21 was received by Members, who noted that the questionnaire has been refreshed in conformity with the format which will be utilised by other assurance Committees in future self-assessment exercises. Members were informed that the questionnaire would be circulated following the meeting, and that outcomes, in the form of anonymised responses, would be presented at the next HSAC meeting on 6th July 2021.</p> <p>HSAC Annual Report 2020/21: the Committee received the HSAC Annual Report 2020/21 for review. Members were advised that in addition to demonstrating that the Committee had fulfilled the requirements articulated in its Terms of Reference during 2020/21, the contents of the report reflected the work undertaken across the entire portfolio of strategic and operational areas which are included within the Committee's remit, and represent the excellent work undertaken by the Health and Safety (H&S) Team and other Health Board (HB) teams – particularly given that many elements of this work, relating, for example, to the Field Hospitals and the HB's mass vaccination programme, had not originally been included in the Committee's work programme when it was constituted in April 2020. Members were informed that a number of Key Performance Indicators (KPIs) had been established during 2020/21, particularly in monitoring staff training and in workplace reviews to ensure adherence with social distancing requirements, and noted that regular KPI reports would be provided to HSAC in relation to the embedding of health and safety processes within HB Directorates. Members recognised a need to develop further KPIs to reflect areas of particular focus, such as reporting baselines for incidents of Violence and Aggression (V&A), and were assured that the issue of V&A towards staff would continue to be scheduled for review and discussion at future HSAC meetings.</p> <p>Health and Safety Executive (HSE) Enforcement Action Update: the Committee received the Health and Safety Executive (HSE) Enforcement Action Update report, detailing the continuing work towards compliance with the enforcement notices served against the HB by the HSE in October 2019. Members noted that all Material Breaches have been formally signed-off and, of the 4 Improvement Notices (INs) which remain open, 2 have completion dates of 25th June 2021, while the other 2 INs have completion dates of 24th September 2021. Members were advised of the need for support from Directorates and operational management teams in undertaking the work required to achieve full compliance with the remaining INs, given that a failure to meet completion timescales could potentially result in prosecutions. Members noted that further updates regarding HSE enforcement</p> 	

actions would be provided at the next HSAC meeting on 6th July 2021, and were assured that HSE's intention to promote the HB as an exemplar of the successful implementation of H&S processes within the organisation reflects the good work undertaken by all teams involved.

- **Health and Safety Report:** the Committee received the Health and Safety Report, outlining the activity of the H&S Team for the period February - April 2021. Members were advised of a HB-wide audit of social distancing compliance which is being undertaken as a joint exercise between the H&S Team and the Quality, Assurance and Safety Team, with findings due to be reported back to both local managers and the relevant hospital General Manager/Head of Nursing, and also reported to HSAC at its next meeting on 6th July 2021. Members discussed the allocation of lone-working devices to HB staff, particularly those working in community settings, and were informed that devices would be provided to staff based upon identified need, noting that, in view of restricted numbers of devices across the HB, checks would be undertaken to ensure that devices allocated are being used effectively. Members took assurance that, overall, improvements have been made in relation to the various H&S themes, as described in the report.
- **Health and Safety Regulations:** the Committee received the Health and Safety Regulations: Management of Health and Safety at Work Regulations (MHSWR) report, being advised that this is a new standing agenda item which has been included in the Committee's work programme in order to provide assurance to Members regarding compliance against a number of key Health and Safety regulations which are included in the Health and Safety at Work etc. Act (HASAWA). While Members were assured that the H&S Team is relatively confident in regard to the HB's compliance with the MHSWR regulations, the need to ensure that legislative requirements and risk assessments are followed for members of staff who are working from home was recognised, and Members were informed that discussions are being held with the NHS Wales Shared Services Partnership (NWSSP) Legal and Risk Team in relation to how compliance with ergonomic requirements may be demonstrated in the case of staff who choose to, or are required to, work from home. Members were further informed that the application of MHSWR to home working environments would be discussed at the next HSAC meeting on 6th July 2021, and were assured that, while this is potentially a complex area to monitor and regulate, full consideration is being given to the matter. Members noted the wide range of delegated regulations which are included in the HASAWA, and received assurance that the fundamental elements of the MHSWR are being complied with, and that improvements required will be progressed by the responsible management teams.
- **Fire Safety Governance Review:** Members received an assessment of the delivery of the HB's Fire Safety Action Plan, which has been developed in order to ensure that all improvements identified in a review of Fire Safety Governance commissioned by the HB Chief Executive are delivered. Members were assured that good progress is being made overall, recognising that there had been adjustments to the dates of ten outstanding actions, due to the impact of the COVID-19 pandemic upon the capacity within the Fire Safety Team and the Operations Teams. Members were informed that, given some uncertainty regarding the dates for Mid & West Wales Fire & Rescue Service (MWWFRS) visits to Bronglais General Hospital (BGH), a gap analysis has been undertaken at the site to assess fire safety arrangements and to identify any issues, which will be

presented to MWWFRS prior to the visit. Members were assured that MWWFRS is supportive of the HB's approach, being confident that the organisation understands the risks and issues involved, and noted an expectation that this proactive engagement with all parties will pre-empt the issue of further Fire Enforcement Notices; recognising however, that a significant amount of work is required to ensure compliance with Fire Safety regulations. Members were informed that Fire Risk Assessments (FRAs) undertaken across the HB's estate have identified a range of key risks which will require significant capital investment to address. Members were advised of limitations upon the ability of Fire Safety Teams to address the backlog of work required due to pre-commitments on the HB's Discretionary Capital Programme for 2021/22, and were informed that discussions are being held regarding whether further Fire Enforcement Business Justification Cases (BJC) can be made to WG. Members were informed of delays to MWWFRS fire safety inspections in many areas within the region as a result of COVID-19 restrictions upon entry to hospital sites, and noted that the results of the MWWFRS visit to BGH would be reported at the next HSAC meeting on 6th July 2021. Members welcomed the progress made to date on the delivery of fire safety compliance.

- **Fire Enforcement Notices Actions Update:** the Committee received a report on the progress made in managing the requirements of the Fire Enforcement Notices (FENs) and Letters of Fire Safety Matters issued by MWWFRS on Worthybush General Hospital (WGH) and Glangwili General Hospital (GGH). Members were advised that WGH Advanced Works are complete, and that the FEN will be rescinded by MWWFRS once fire service members are approved to enter hospital sites. Members were also advised that while a formal announcement relating to the submission to WG of a BJC for WGH Phase 1 was awaited, regular communications with WG confirm that it is content with the scope of work undertaken to date, and work will begin with the Director of Finance to develop and submit a BJC to WG. Members were assured of the positive relationship that has been developed with MWWFRS inspectors at both WGH and GGH.
- **Fire Safety Management Update Report:** the Committee received a report providing an update on Fire Safety Compliance across the HB, focusing specifically upon FRAs and associated actions, fire safety training, fire safety in field hospitals and capital availability for fire safety work. Members were informed that although there are currently 25 overdue FRAs, it is anticipated that this figure will return to zero in July 2021. Members were assured that the current situation regarding FRAs is being managed appropriately, and were advised that a new Fire Safety Advisor has recently been appointed at Prince Philip Hospital. Members were informed that concerns remain in regard to the delivery of face-to-face fire safety training (Level 2), with compliance having been impacted by the pandemic - noting that this mainly relates to ward and department-based staff who are responsible for ward evacuations. Members were assured, however, that the Fire Safety Team is confident that sufficient capacity can be provided to achieve the HB's 2021/22 training target of 95% for all fire safety training levels. Significant concerns relating to the availability of Discretionary Capital for fire safety work in the current financial year were re-iterated.
- **PREVENT and CONTEST Update Report:** the Committee received a report providing a description of the various work streams included in the UK Government's CONTEST Counter-Terrorism Strategy, particularly the *Prevent*

element, which aligns with the HB's safeguarding responsibilities, together with details of the HB's work with key community partners (CSPs) to support the Serious Violent Organised Crime Strategy. Members were informed that a decision had been taken to bring the paper to HSAC for completeness of reporting and to provide assurance to the Board that the HB is fully sighted on the discharge of its duty under the Counter Terrorism and Security Act 2015 and its work with CSPs to reduce crime, disorder, substance misuse and reoffending within the local region.

Members were assured that under the *Prevent* work stream good progress has been made, with the appointment of a dedicated V&A Case Manager within the HB freeing capacity to focus upon the work streams described. Members were informed that the *Protect* element of CONTEST relates to the HB's emergency planning, including staff protection, and will involve the development of a new definition for use in the identification of HB sites which require protection. Members were further informed that a consultation paper is being drawn up for submission to central government, which details the HB's current governance arrangements relating to areas included within *Protect* and proposes a review of these arrangements. Noting that the main concern arising from a 2018 survey by the Home Office Counter Terrorism and Security Advisers of the HB's physical security arrangements related to the lack of a dedicated Security Guard Force to support the HB's *Prepare* and *Protect* arrangements, Members queried whether there are plans to appoint security guards within HB sites and were informed that consideration is being given to the HB's security enforcement arrangements within the context of the legislative constraints which apply to action which may be taken by individual staff members in response to V&A, and the environment which the HB seeks to create in its hospitals. It was noted that PREVENT and CONTEST update reports would be presented to the Committee as a standing agenda item at future meetings.

- **Operational Risks assigned to H&SAC:** Members received slides presenting outcomes of 'deep dive' reviews of the following operational risks which are assigned to HSAC in the Board Assurance Framework/ Corporate Risk Register, together with recommendations arising from the findings:
 - Risk 652 – Site Security.
 - Risk 423 – Legionella.

Members were informed that a key risk to site security lies in the HB's lack of ability to lock down sites with an automated system at all critical access/egress points and that there is a need to identify key individuals who have responsibility for operating access control systems, and to clarify their responsibilities. Members noted that site security had not yet been specifically raised as a concern with Executives, and were assured that evidence that all HB areas have site security plans in place would be provided to HSAC in future CONTEST reports.

Members supported the following recommendations in the report:

- For each hospital site to review its Major Incident Plans to reflect the need to identify individuals who can operate access control systems efficiently.
- To undertake a review of site security to reflect the CONTEST Cymru duty as well as other associated issues, including anti-violence collaborative and 'Smoke Free' legislative compliance.

Members were informed of the mitigations implemented within HB sites to address the risk of harm to patients from Legionella, recognising the age of much of the HB's

estate, and were advised of the extensive maintenance work required to map, lag and label water pipes. Members were assured that funding has been allocated within the Estates Directorate to support the identification of Legionella-related risks within acute sites and to implement associated mitigations, and that water testing is routinely undertaken at the point at which water systems are repaired or replaced. Being advised that the HB holds responsibility for water safety in its managed GP practices and community centres, Members were assured that a responsible person has been identified to oversee water safety in all managed practices within the HB area.

Members supported the following recommendations to mitigate Legionella risk:

- Development of CAD schematics for all sites.
- Audit of Legionella run-off logs for low water usage areas.
- If any control measures fail:
 - Site Responsible Person to undertake a further Risk Assessment of the individual circumstances.
 - If deemed a significant risk, Legionella sampling will be undertaken in that area.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

No matters requiring Board consideration or approval were discussed.

Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:

- Significant concerns relating to the availability of Discretionary Capital for fire safety work in the current financial year, with Members informed that surveys carried out across the HB estate had identified fire safety requirements which would require significant capital expenditure to address. Members were assured that limitations upon the ability of Fire Safety Teams to address the backlog of Fire Safety work as a result of pre-commitments on the Discretionary Capital Programme for 2021/22 and the impact of the COVID-19 pandemic upon team capacity have been highlighted to the People, Planning and Performance Assurance Committee at its meeting on 27th April 2021, and that discussions are being held regarding whether further Fire Enforcement Business Justification Cases can be made to WG.
- Concerns remain in regard to the delivery of face-to-face fire safety training, with compliance having been impacted by the COVID-19 pandemic. Members were advised that this mainly relates to ward and department-based staff who are responsible for ward evacuations, and assured that the Fire Safety Team is confident that sufficient capacity can be provided to achieve the HB's 2021/22 training target of 95% for all fire safety training levels, and that opportunities to deliver all levels of fire safety training online are being explored, where deemed safe and appropriate.
- A key risk to site security lies in the HB's lack of ability to lock down sites with an automated system at all critical access/ egress points and there is a need to identify key individuals who have responsibility for operating access control systems, and to clarify their responsibilities. Members were informed that evidence that all HB areas have site security plans in place would be provided to the Committee in future CONTEST reporting.

- Concern relating to the lack of a dedicated Security Guard Force to support the HB's *Prepare* and *Protect* arrangements, highlighted in a 2018 survey undertaken by the Home Office Counter Terrorism and Security Advisers in relation to the HB's physical security arrangements. Members were advised that consideration is being given to the HB's security enforcement arrangements within the context of the legislative constraints which apply to action which may be taken by individual staff members in response to V&A, and the environment which the HB seeks to create in its hospitals.
- The need for directorate and operational engagement in ensuring that actions relating to HSE Notice compliance are delivered, particularly given the overarching requirement to re-establish governance processes as the HB moves out of the pandemic response phase. Members were informed that the Director of Nursing, Quality and Patient Experience had written to all site General Managers and senior managers to reinforce the need for individual ownership of actions to comply with IN requirements, particularly given that HSE wish to see evidence of ownership of action plans at operational level.
- The need to ensure that MHSWR legislative requirements and risk assessments are followed for members of staff who are working from home, and to evidence that staff are working safely in a home-working environment. Members were informed that discussions are being held with the NWSSP Legal and Risk Team in relation to how compliance with ergonomic requirements may be demonstrated in the case of staff who choose to, or are required to, work from home.

**Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf /
Planned Committee Business for the Next Reporting Period:**

Adrodd yn y Dyfodol / Future Reporting:

The Committee's Work programme for 2021/22 has been reviewed and agreed by the Lead Executive and the Board Secretary.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

6th July 2021

Enw'r Pwyllgor / Name of Committee	Health and Safety Assurance Committee (HSAC)
Cadeirydd y Pwyllgor/ Chair of Committee:	Mrs Judith Hardisty
Cyfnod Adrodd/ Reporting Period:	Meeting held on 6 th July 2021
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<ul style="list-style-type: none"> <p>HSAC Self-Assessment 2020/21 – Outcomes and Analysis: A report presenting outcomes from the Health and Safety Assurance Committee's (HSAC) Self-Assessment questionnaire for the period 2020/21 was received by Members, which also included suggested actions and proposals relating to further improvements that could be made. Members were advised that the recommendations included in the analysis would be taken forward by the Committee and noted that a 2-to 3-year work programme would be developed, which would be regularly reviewed and modified, as required. Members discussed future arrangements for site visits, to include community facilities and managed GP practices, to allow them to observe any health and safety issues at first hand, and to seek assurance regarding the work being undertaken to improve any issues identified.</p> <p>Health and Safety Report: the Committee received the Health and Safety Report, outlining the activity of the Health & Safety Team for the period May – July 2021. Members noted the work being undertaken at Executive level to ensure all accommodation requirements, including training facilities, are being considered and coordinated, and that an Accommodation Group would be established to focus upon clinical administration and training capacity requirements on each HB site. Members welcomed an analysis included within the report of incidents of Violence and Aggression (V&A) directed towards staff, noting the detrimental impact upon staff and visitors alike of consistent low-level verbal abuse, and received assurance that all such incidents are followed up by the V&A Case Manager, with verbal abuse being treated equally as seriously as physical assault in terms of impact upon staff. Members were advised that further work would be undertaken to correlate data relating to incidents occurring across different services in order to identify individuals responsible for repeat offences.</p> <p>Health and Safety Executive (HSE) Enforcement Action Update: the Committee received the Health and Safety Executive (HSE) Enforcement Action Update report, detailing the continuing work towards compliance with the enforcement notices served against the HB by the HSE in October 2019. In respect of the feedback that had been received following visits by HSE Inspectors to both Prince Philip Hospital (PPH) and Bronglais General Hospital (BGH) to review progress against notices relating respectively to the management of Manual Handling, and Manual Handling in Theatres, Members were advised that while HSE feedback relating to findings from the visit to PPH had been positive, the BGH visit had identified further work to be undertaken with regard to</p> 	

outstanding actions. Members were informed that targeted meetings have been arranged with key staff members to ensure that the necessary compliance work is undertaken, together with the issuing of managers' checklists to monitor compliance with standards relating to Manual Handling and sharps safety. It was noted that, notwithstanding a level of disappointment expressed in relation to progress towards compliance with specific notices, good progress had been made overall to achieve compliance with outstanding Improvement Notices.

- **Health and Safety Regulations:** the Committee received the Health and Safety Regulations: Management of Health and Safety at Work Regulations report, providing information relating to the HB's compliance with the Personal Protective Equipment (PPE) Regulations 1992. Members were pleased to note a high level of compliance against employer duties which are included within the regulations, thus providing the necessary assurance to the organisation, which in turn is conveyed to staff regarding the effectiveness of PPE equipment issued, and the robustness of processes in place to manage the maintenance and checking of equipment.
- **Health and Safety Environmental Report:** the Committee received the Health and Safety Environmental Audit Report, forming one of a series of reports which provide assurance that proactive health and safety audits are being carried out in compliance with the Management of Health and Safety at Work Regulations 1999. Being informed that an uplift in resourcing within the Health, Safety and Security team has allowed the development and implementation of a Workplace Built Environment Audit programme, Members queried whether a system is in place to track outstanding issues identified through audit and to monitor progress against the relevant action plans, in order to provide assurance to the Board. It was agreed that advice would be sought from the Risk and Assurance Team in relation to the development of a tracker to monitor outstanding issues and actions identified by health and safety audits.
- **Fire Safety Update Report:** the Committee received a report providing updates in respect of Fire Enforcement Notices (FENs) and Letters of Fire Safety, Fire Safety management and Fire Safety governance, combined within a single report. Members noted, with some disappointment, the identification by the Mid and West Wales Fire Rescue Service (MWWFRS) of nine fire doors in Worthybush General Hospital (WGH) of sub-standard installation, as a result of which, MWWFRS is unable to lift the notice relating to advanced works and priority work at the site, with a further notice issued requiring action to address its concerns. Members were advised that corrective works will be completed by 20th August 2021, and were assured that prevention measures are now in place to mitigate against the procurement of sub-standard doors and other estates fittings.
Being advised that progress of the Business Justification Case for advanced works at Glangwili General Hospital (GGH) is slightly behind programme due to additional complexity in confirming the costs and programme for the scheme, Members were assured that MWWFRS fully recognises the complexity of the scheme, and has agreed to visit the site before the FEN deadline date in order to confirm compliance of work which is currently underway.
Members noted a risk relating to Phase 2 works at WGH arising from potential challenges in identifying appropriate patient decant facilities and were advised

that separate meetings are being held with WG as part of a scoping exercise for the capital cost and programme arrangements for works required to support Phase 2, with an update to be provided at the next HSAC meeting on 13th September 2021.

In regard to Fire Safety management, Members noted that the number of outstanding Fire Risk Assessments (FRAs) has been reduced to 7, and that benchmarking this data with that of other Welsh Health Boards shows Hywel Dda to be in a relatively good position in terms of the numbers of FRAs outstanding.

With regard to Fire Safety governance, Members were informed that following a meeting with the Head of Quality & Governance, all items on the Fire Safety Governance Review Action Plan can be confirmed as completed, with the exception of one action, and were assured that an update would be provided in relation to this action following recruitment to the post of Head of Fire Safety Management.

- **Corporate Risks assigned to HSAC:** the Committee reviewed the following corporate-level risks which have been assigned to HSAC:
- Risk 1016 - Increased COVID-19 infections from poor adherence to Social Distancing;
- Risk 813 – Failure to fully comply with the requirements of the Regulatory Reform Order (Fire Safety) 2005.

Given the increase in staff and patient numbers within hospitals since the start of the COVID-19 recovery, Members were informed of the need to review risk assessments relating to the utilisation of socially distanced beds to manage capacity and to support services recovery, which had been discussed with the Director of Operations, and noted that Risk 1016 would be updated to reflect these risk assessments.

- **Operational Risks assigned to HSAC:** Members received a presentation on the outcomes of 'deep dive' reviews of the following operational risks, together with actions and recommendations arising from the findings:
 - **Needle Stick Injuries:** Being advised of concerns relating to the high number of reported incidents involving 'sharps', with significantly higher numbers of incidents occurring in patients' homes, Members were assured by the following mitigations in place:
 - Review of safety engineered devices;
 - Circulation of a Sharps investigation checklist, with each sharps incident being followed up by Health and Safety Team;
 - Re-establishment of the Safer Sharps Group;
 - Consideration given to the re-appointment of a Procurement Nurse.
 - **Environmental Risk - Possible Exposure to Radiation/ Chemicals to HSDU staff at GGH:** Members were informed that following concerns raised by the GGH Hospital Sterile Disinfection Unit (HSDU) Service Manager relating to the safety of staff working in the unit, and, specifically, to the integrity of the floor slab separating the Radiology department and HSDU following recent

construction work, a deep dive review of potential risks had been undertaken. Members were assured that initial concerns relating to ionising radiation exposure arising from the Radiology department had been allayed following investigation and provision of expert advice, and noted that historical reviews of processes relating to the control of hazardous substances in the HB's HSDUs are being undertaken. Members were further assured that current processes relating to the control of hazardous substances in the HB's HSDUs are robust, and that the number of HB staff reporting health issues which may relate to exposure to radiation or to other hazardous substances is extremely low, with these issues not having been demonstrably linked with workplace exposure. Members noted that no similar issues had been reported for other HB hospital sites, and were advised that work undertaken in line with *Control of Substances Hazardous to Health* requirements would ensure that any future issues would be rapidly identified and reported.

- **Policies Approval:** the Committee approved a request to extend the review dates for the following policies:
 - Business Continuity Policy
 - Lone Worker Policy

The Committee also approved the following policy

- Policy 145 – Electrical Safety Policy

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

No matters requiring Board consideration or approval were discussed.

Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:

- Concerns expressed in regard to consistent low-level verbal abuse directed towards staff, and the need to recognise the detrimental impact of this type of abuse, upon patients and visitors in addition to staff members subject to this type of abuse. Members received assurance that staff are reporting verbal abuse, and that all such incidents are followed up by the V&A Case Manager, and were informed that warning letters formally signed by the Director of Operations are issued to patients and visitors who are identified as perpetrating incidents of V&A.
- Disappointing HSE feedback relating to findings from the visit to BGH which identified further work to be undertaken with regard to outstanding Improvement Notice actions relating to Manual Handling in Theatres. Members were informed that targeted meetings have been arranged with key staff members to ensure that the necessary work is undertaken.
- The identification by MWWFRS of nine fire doors in WGH which are of sub-standard installation, as a result of which MWWFRS is unable to lift the Fire Enforcement Notice and has issued a further notice issued requiring action to address its concerns. Members noted that corrective works will be completed by 20th August

2021, and were assured that prevention measures are now in place to mitigate against the procurement of sub-standard doors and other estates fittings.

- Potential risk relating to Phase 2 Fire Safety works in WGH arising from challenges in identifying appropriate patient decant facilities. Members were advised that work has been progressing to identify opportunities for appropriately-sized ward decant accommodation to be provided at WGH in the form of a demountable solution, and that meetings are being held with WG as part of a scoping exercise for the capital cost and programme arrangements for works required to support Phase 2.

**Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf /
Planned Committee Business for the Next Reporting Period:**

Adrodd yn y Dyfodol / Future Reporting:

The Committee's Work Programme for 2021/22 has been reviewed and agreed by the Lead Executive and the Board Secretary.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

13th September 2021